## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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			•		
The specification	of which	(check one)	·		
	[ <b>x</b> ]	is attached here	to.		
	[ ]	was filed on		as Appli	ication
		Serial No	and w	vas amend applicable).	ed on
ncluding the clai	ms, as am	ended by any ame disclose informati	erstand the contents of the above icendment referred to above.  on which is material to the examinate Regulations, section 1.56.		
oreign application	on(s) for p	patent or inventor or patent or inven	er Title 35, United States Code, seconds certificate listed below and have ator's certificate having a filing date.	also identified	d below
		PRIOR FORE	EIGN APPLICATION(S)		
		(		Priority	Claim
(Number)		(Country)	(Day/Month/Year filed)	Yes	No
(Number)		(Country)	(Day/Month/Year filed)	Yes	No
(Number)		(Country)	(Day/Month/Year filed)	Yes	No

Post Office Address:



I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States Provisional application(s) listed below:

PRIOR	PROVISIONAL.	<b>APPLICATIONS</b>
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	FRIOR FROVISIONAL	APPLICATIONS		
(application serial number)		(Month / Day /	Year filed)	
(application serial number)	<del></del>	(Month / Day /	Year filed)	
I hereby claim the benefit u	nder Title 35, United	States Code, secti	on 120 of any United States	
application(s) listed below and	l, insofar as the subject:	matter of each of the	he claims of this application is	
not disclosed in the prior Unite	ed Sates application in the	e manner provided	d by the first paragraph of Title	
35, United States Code, secti	on 112. I acknowledg	ge the duty to dis	close material information as	
defined in Title 37, Code of	Federal Regulations, se	ction 1.56 which l	became available between the	
filing date of the prior applicat	ion and the national or F	CT international fr	iling date of this application:	
		S	tatus – patented,	
Application Serial No.	Filing Date	р	pending, abandoned	
			1	
I hereby declare that all statem made on information and belie with the knowledge that will imprisonment, or both, under S false statements may jeopardize	ef are believed to be tru ful false statements an Section 1001 of Title 18	ue; and further that d the like so mad of the United Stat	t these statements were made de are punishable by fine or tes Code and that such willful	
I hereby appoint Thomas T. M and employee of Harness, Dic	key & Pierce, P.L.C., w	ho is a registered	Patent Attorney, my attorney	
with full power of substitution				
in the Patent and Trademark Of		_		
direct all correspondence and t			to Harness, Dickey & Pierce,	
P.L.C., P.O. Box 828, Bloomfie	ld Hills, Michigan 4830	3 (248) 641-1600.		
E-D		N. O. O.	1.E.A.1	
Full name of sole or first in Inventor's signature: $\Box \Box \Box$		Shiao-Shien Ch	1LN	
Date: $08/29/(999)$	5 Chen			
Residence: 2F, NO. 28, LANE	E 61, CHI-LIN 2ND RD.,	CHUNG-LI CITY, T	AO-YUAN, TAIWAN R.O.C.	
Citizenship: TAIWAN R				

SAME AS ABOVE

DECLARATION AND POWER OF ATTORNEY
Full name of second joint inventor, if any: (2) Tien-Hao TANG
Inventor's signature: Jim - Haw Jany
Date: $Aug./20/1999$
Residence: 3-1, ALLEY 4, LANE 106, PAO-CHIEN RD., CHUNG-HO CITY, TAIPEI, TAIWAN R.O.C.
Citizenship: TAIWAN R.O.C.
Post Office Address: SAME AS ABOVE
Full name of third joint inventor, if any: (3) Mu-Chun WANG
Inventor's signature:
Date: Ang. 30, 1999
Residence: 1F, NO. 55, KUAN-CHIEN RD., SHUANG-HSI TSUN, HSIN-CHU, TAIWAN R.O.C.
Citizenship: TAIWAN R.O.C.
Post Office Address: SAME AS ABOVE
Tirll are an afficient in the internation of any
Full name of fourth joint inventor, if any:  Inventor's signature:
Date:
Residence:
Citizenship:
Post Office Address:
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Full name of fifth joint inventor, if any:
Inventor's signature:
Date:
Residence:
Citizenship:
Post Office Address: